								ns and *Privacy n Reverse Side					Page of Pages			
CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*					DEPARTMENT				
35		Tharratt					IVISION or				EMS	Authorit		MDCD.		
POSITION CB/ID No. Director												INDEX NU	VIDER			
							Executive HEADQUARTERS ADDRESS						TELEPHONE NUMBE			
RESIDENCE ADDRESS *								1930 9th Street						22-4336		
CITY STATE ZIP CODE								J., C.			STATE ZIP COD					
El Dorado Hills CA 95672								Sacramento					95811			
(A) LOUIS AND LO							(6) (7) TRANSPORTATI					ION		(9)		
LOCA		LOCATION	1.0	(0)	I	0.T., L/T,	-	(A)	(B)		(D)		(8)	TOTAL		
2)		WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO. OR DINNER	INCIDEN- TALS	COST OF TRANS.	TYPE USED	(C) CARFARE, TOLLS, PARKING	PRIVATE CAR USE		BUSINESS	EXPENSE		
DATE	TIME										MILES	AMOUNT	EXPENSE	FOR DAY		
3/4	5:30	El Dorado Hills to Sac Airport to Washington, DC		6.00	10.00	18.00			PC/T		12	6.80		40.8		
3/5		Renaissance, Washington, DC	239.31				6.00							245.3		
3/6	2200	Return to Sac - Drive to El Dorado Hills		6.00	10.00	18.00	6.00		T/PC		12	6.80		46.8		
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98														0.0		
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										1.514354-417-				0.0		
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5		SUBTOTALS	239.31	12,00	20.00	36.00	12.00	0.00		0.00	25	13.60	0.00	332.5		
COL		CODE (ACCTG, USE ONLY) CLAIM TOTAL												332.		
											[/42) N	OBMAL MOS	N HULIDS			
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) To attend and speak at the 3rd National Emergency Management Summit in Washington, D.C.										(12) NORMAL WORK HOURS 8-5 (13) PRIVATE VEHICLE LICENSE NUMBER						
										(14) MILEAGE RATE CLAIMED						
													COUNTING	OFFICE		
											PAID B		IG FUND CHE	CK NUMB		
6	f Californ	Y CERTIFY That the above is a true stat nia. If a privately owned vehicle was us or greater than the rate claimed, and th to vehicle safety and seat belt usage.	ement of the to ed, and if mile lat I have met	ravel expense eage rates ex the requiren	es incurred b ceed the min nents as pre-	y me in accor imum rate, I scribed by SA	dance with E certify that the AM Sections	OPA rules in the cost of ope 0750, 0751,	he service erating the 0752, 075	of the State vehicle was 53 and 0754						
		no venicie sarety and seat belt usage. GNATURE		DATE		(16) SIG	SNATURE C	F OFFICER	APPROVII	NG TRAVEL AND	PAYME	NT D/	ATE			
Q				1												

TD 26"		EXPENSE CLAIM					s and *Priv Reverse Si				Page	of	Pao	es		
STD. 262 (REV. 6-93c) CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*					Page of Pages DEPARTMENT				
l. Ste	even T	harratt									EMS.	A				
OSITIO				CB/ID	No.		DIVISION or I	BUREAU					INDEX NUI	MBER		
Director RESIDENCE ADDRESS * HEADQUARTERS A									DORESS					TELEPHONE NUMBER		
RESIDENCE ADDRESS *								Street		(916) 322-43						
ITY	1.110-011	10 - 30 - 30 - 30 - 30 - 30 - 30 - 30 -	1	CITY					STATE		ZIP CODE 95811					
El Dorado Hills CA 95672							Sacramento					CA				
(1) MONTH/YEAR (3) Mar 2009 LOCATION WHERE EXPENSES		(4)	(5)	MEALS		(6)	(7)		TRANSPORTAT	ION		(8)	(9)			
		WHERE EXPENSES		BREAK-		O.T., L/T N/C, RELO	O. INCIDEN-	(A) COST OF	(B) TYPE	(C) CARFARE,	(D) PRIVATE CAR USE		BUSINESS	TOTAL		
DATE	TIME	WERE INCURRED	LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USED TOLLS, PARKING	MILES	AMOUNT	EXPENSE	FOR DAY			
3/23	1600	Sacramento to Los Angeles	125.47		i	18.00	0		PC	9.00	12	6.80		159.2		
3/24			125.47	6.00	10.00	18.00	0 6.00			9.00			i	174.4		
3/25	1700	Return to El Dorado Hills	G G	6.00	8.00	18,00	0 6.00		PC	9.00	42	22.96		69.9		
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10)														0.0		
		SUBTOTALS	250.94	12.00	18.00	54.0	0 12.00	0.00		27.00	54	29.76	0.00	403.7		
COL		CODE (ACCTG, USE ONLY) CLAIM TOTAL	=											403.7		
											1 (42) N	ORMAL WO	DV HOLIDS			
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)										(12) NORMAL WORK HOURS 8-5						
To attend and participate in the EMS Commission/EMDAC/EMSAAC meetings held in Los Angeles.										(13) PRIVATE VEHICLE LICENSE NUMBER						
											(14) MILEAGE RATE CLAIMED					
											AGENCY ACCOUNTING OFFICE USE ONLY					
											PAID E		SE ONLY NG FUND CHE	CK NUMBI		
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754											1					
	f Californ	or greater than the rate claimed, and t	that I have met	the requirem										PATE		
e p	equal to opertaining	or greater than the rate claimed, and to to vehicle safety and seat belt usage. SNATURE	that I have me	DATE		S	1911			NG TRAVEL AND	PAYME	NT D	ATE			

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